

## PART B - FEE(S) TRANSMITTAL

P9-14-07

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SEP 12 2007  
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28393 7590 06/14/2007  
**STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.**  
1100 NEW YORK AVE., N.W.  
WASHINGTON, DC 20005  
09/17/2007 CCHAU2 00000013 030177 09721508  
01 FC:1501 1400.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

JANT LIE	(Depositor's name)
<i>[Signature]</i>	(Signature)
9/12/2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09721,508	11/22/2000	John Wallace Parce	01-0004611S	5229

TITLE OF INVENTION: HIGH THROUGHPUT SCREENING ASSAY SYSTEMS IN MICROSCALE FLUIDIC DEVICES 100/00341

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	09/14/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEELE, AMBER D	1639	435-283100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> DONALD R. MCKENNA
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> ANN C. PETERSEN
	<input type="checkbox"/> 3 _____

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

**CALIPER LIFE SCIENCES, INC.**

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

**MOUNTAIN VIEW, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **030177** (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

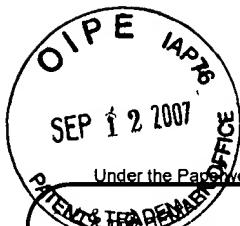
- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Donald R. McKennaDate Sept. 10, 2007Typed or printed name Donald R. McKennaRegistration No. 44,922

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PTO/SB/21 (04-07)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/721,508
Filing Date	11/22/2000
First Named Inventor	John Wallace Parce
Art Unit	1639
Examiner Name	Steele, Amber D.
Total Number of Pages in This Submission	6
Attorney Docket Number	100/00341

### ENCLOSURES (Check all that apply)

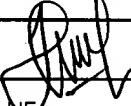
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> 2. Revocation of Power of Attorney & Change of Correspondence Address
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> 4. Return Postcard
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	Payment for Issue Fee	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CALIPER LIFE SCIENCES, INC.		
Signature			
Printed name	Ann C. Petersen		
Date	9/12/2007	Reg. No.	55,536

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	JANTI NE	Date	9/12/2007

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